

Leave Request

Employee No. _____ Last Name _____ First _____ Middle Initial _____ L code _____ Work Phone _____

LEAVE PERIOD:

Starting: _____ Through: _____ Total Number of Days: _____

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

V = Vacation	COMMENTS:
H = Holiday	
S = Extended Sick Leave	
B = Bereavement	
R = Regular Day Off	
J = Jury Duty	
M = Military Leave	
L = Leave Without Pay	

Employee's Signature _____ Date of Request _____ University Approver* _____ Date Forwarded _____

* University Approval is signifying that operational requirements permit the leave. JCWS must approve all leave.

DISTRIBUTION: Original to JCWS, Copy to University Approver, and Copy to Employee